Patterns in Hospital Use

PARTIAL RESULTS OF A STUDY IN MASSACHUSETTS

A Report of the Bureau of Research and Planning, California Medical Association

RECENTLY PUBLISHED partial results of a study of hospital admissions in the State of Massachusetts provide information on reasons for admission to 50 hospitals studied, and possible alternative sites of treatment, as reported by admitting physicians.*

For 3, 4 and 8 per cent of the medical, surgical, and diagnostic admissions, respectively, the physicians interviewed regarding a sampling of cases stated that treatment "could be done as well outside the hospital."

For 2, 5 and 8 per cent of the surgical, medical and diagnostic admissions, respectively, the physicians replied that they "normally do not recommend hospitalization" for the cases they admitted.

These and other data regarding alternatives to hospitalization provide clues as "to what extent the hospital admission and discharge system can be modified and tightened . . . ," according to Odin W. Anderson, Ph.D., Professor and Research Director of the Health Information Foundation.

In commenting on the preliminary results of the study of 2,355 hospital discharge cases in the State of Massachusetts, Dr. Anderson said:

"It should not be surprising that physicians revealed that an appreciably large minority of patients did not 'absolutely' have to be in the hospital, because medical care has expanded far beyond life-saving and emergency standards. It has built into its standards of practice a relatively large margin of safety, comfort, and convenience, reflecting the affluence of the economy itself. Certainly it can be assumed that hospital use can be cut back a great deal without endangering life, and this study can give us some idea of the areas of use that can be cut back if we simply wish to tighten the system and save money. It should be remembered that this study does not measure the volume of needed hospital care that was not being sought by the population. There is a consensus that if even by gross standard all needs were to be fully met, hospital use would have to rise."

In addition to the data cited above, the survey revealed that for 7, 14, and 15 per cent of the surgical, medical, and diagnostic admissions, respectively, alternative sites of treatment were "possible but less satisfactory outside of hospital." With regard to the physician's normal practice in recommending hospitalization, those interviewed stated that, for 14, 18, and 26 per cent of the surgical, medical, and diagnostic admissions, respectively, they "sometimes insist on hospitalization, sometimes do not."

Table 1 lists the reasons given by physicians as to why diagnostic admissions were made, even though these physicians said that their patients might have been handled otherwise. It should be noted that a total of 55 per cent of all patients admitted for diagnostic purposes could be num-

TABLE 1.—*Reasons for Admission of Patient to Hospital for Diagnostic Tests Which "Might Have Been Done Outside," Massachusetts, 1960-1961*

Reason Given	*Per Cent Answering*
Patient too ill to have them done outside	11
Medical treatment also required	21
Needed many, frequent, complex tests	39
Surgery anticipated	6
Hospital laboratory facilities superior	12
Age, location, history, condition of patient	7
Personality of patient	7
Patient preferred tests in hospital	3
Home situation unsatisfactory	5
Miscellaneous	17
Don't know	4
	132%

TABLE 2.—*Alternatives for Treatment of Those Patients for Whom Hospital Admission Was Not "Absolutely Necessary," Massachusetts, 1960-1961*

Alternatives	*Per Cent Answering*
Keep patient on medicine or treatment	13
Some medical appliance or contrivance	5
Care or treatment at home	19
Care or treatment in office or outpatient department	18
Do nothing, hope it will not get worse	5
Do nothing, put up with pain, discomfort, recurrence	11
Do nothing, put up with impairment	8
Nothing, no alternative, only postpone it	17
Miscellaneous	1
Don't know, vague	6
	103%

*Health Information Foundation: *Progress in Health Services*, Vol. XIV, No. 1, January-February, 1965.

bered among this group. (Since multiple reasons were often given per cents shown in Table 1 exceed 100.)

Table 2 lists the reasons given by physicians for the 30 per cent of all admissions which were not deemed "absolutely necessary," and for which the admitting physicians were asked what alternatives there would have been other than hospitalization or surgery at that time. This 30 per cent includes respondents who indicated that patients would be "much better off," that hospitalization "might be a good idea," and those who either recommended against hospitalization or did not indicate a recommendation. (Per cents again total over 100 due to multiple reasons given.)

As Anderson states, "It would seem that there is no such thing as a 'pure' medical decision or a 'pure' social decision to hospitalize. If the decision were based on purely medical reasons, it would seem that a physician would be admitting a disease to the hospital and not a person with a disease. If the decision were purely social, i.e., for the physician's and patient's convenience, only the patient might then just as well be placed in a good hotel near the physician's office. Such are the issues that emerge from this survey."

Although no generalizations can be made about the data, since they pertain to practices of physicians in only one state, the Bureau of Research and Planning considers them to be of considerable significance in view of current discussion of what constitutes the "proper" use of hospitals, and the appropriateness of the hospital as the locus of treatment. The data suggest, further, the importance of creating hospital utilization and review committees in order that acceptable criteria may be established for a determination of the appropriateness of, and alternatives to, hospitalization. The adoption by individual hospitals in California of the *Guiding Principles for Physician-Hospital Relationships* (initiated by the California Medical Association and adopted by the California Hospital Association) provides assurances that such a committee is operative; the criteria such utilization committees develop, and the review techniques employed, can be of great value to other hospitals throughout the state and nation.

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